

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 26, 2007

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Carmela's Bistro & Wine Bar, 4141 Pioneer Woods Drive requesting a class C liquor license.

Marci Davison, has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Marci Davison was born in Oklahoma City, Oklahoma. She attended University of Nebraska graduating in 2003.

Marci Davison employment history is as follows:

Present	Manager, Golden Spur Steakhouse	Ogallala, NE.
2007	Server, Carlos O'Kellys	Lincoln, NE.
2006 - 2007	Sales, Nebraska Diamond	Lincoln, NE.
2005 - 2007	Sales, Pegler Sysco	Lincoln, NE.
2004	Sales, Von Maur	Lincoln, NE.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



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APPLICANT INFORMATION

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1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

NEBRASKA LIQUOR
CONTROL COMMISSION

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.
☒ No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes
☒ No
Current business name and license number _____

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☒ Yes Pinnacle Bank Ogallala, NE
☐ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Pinnacle Bank

marci davison

South 20th St.

Lincoln

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

Stagecoach Steakhouse and Convention Center

Steven L. Davison and Katherine K. Davison

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

marci DAVISON

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products. ^{4/99 to 5/03} ^{30hr. p/wk} ^{superv}

Bib Ranch Steakhouse Lincoln, NE
Grisanti's Italian Restaurant Lincoln NE
Carlos O' Kelly's Lincoln, NE ^{waitress}
^{40hr. p/wk waitress 1/06 to 3/06 5/07 to 6/07 20 p/wk 10/01 5/03}

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐
☐
☐

Lease: expiration date _____
Deed
Purchase Agreement

15. When do you intend to open for business? January 2, 08

16. What will be the main nature of business? What are the anticipated hours of operation? retail wine baskets and Bistro food
10:00 am to 1:00 a.m.

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
<u>Steven L. Davison</u>	<u>1997</u>	<u>present</u>	<u>Ogallala, NE</u>
<u>Katherine K. Davison</u>	<u>1997</u>	<u>present</u>	<u>Ogallala, NE</u>

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

✓ St. L. Davis

(sign here)

(sign here)

✓ Katherine A. Davis member

(sign here)

(sign here)

(sign here)

(sign here)

(sign here)

(sign here)

(sign here)

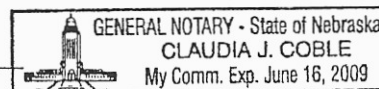
(sign here)

Subscribed in my presence and sworn to before me this

4th day of September, 2007

✓ Claudia J. Coble

Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

Subscribed in my presence and sworn to before me this

APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC

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Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.)

Carmela's Bistro and Wine Bar LLC

Corporate Street Address: 203 Stagecoach Trail P.O. 337

City: Ogallala State: NE Zip Code: 69153

Corporate Telephone Number (308) 284-4588

Total number of shares issued (if corporation) 0

Is this a Non Profit Corporation? ☐ YES ☒ NO
If yes, what is your Federal ID #?

Name of Registered Agent Steven L. Davison

Name of Proposed Manager Marci Ranae Davison
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Davison First Name: Steven MI L.

Address Street 820 N. Spruce St. City Ogallala

State NE Zip Code 69153 Home Phone number (308) 284-4588

Social Security Number te of Birth

List names of all Officers, Directors, Stockholders, Members and their Spouses

signed Last Name Davison First Name Katherine

Social Security Number --- Date of Birth ---

Title member Number of Shares ---

signed Spouse Name (indicate N/A if single) Steven L. Davison

Spouse Social Security Number --- Date of Birth ---

Title member Number of Shares ---

Last Name --- First Name ---

Social Security Number --- Date of Birth ---

Title --- Number of Shares ---

Spouse Name (indicate N/A if single) ---

Spouse Social Security Number --- Date of Birth ---

Title --- Number of Shares ---

Last Name --- First Name ---

Social Security Number --- Date of Birth ---

Title --- Number of Shares ---

Spouse Name (indicate N/A if single) ---

Spouse Social Security Number --- Date of Birth ---

Title --- Number of Shares ---

Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☒ No

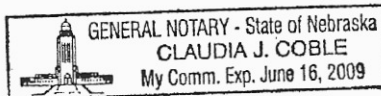
If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date January 2008 Ending Date December

St. L. Danson member

Signature of President/Managing Member



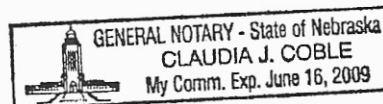
Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

4th day of September, 2007

Claudia J. Coble

Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
MUST BE A NEBRASKA RESIDENT

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/

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LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Carmela's Bistro and Wine Bar LLC
CLASS & LICENSE NUMBER Class C (#pending)
TRADE NAME Carmela's Bistro and Wine Bar LLC
STREET ADDRESS 4141 Pioneer Woods Dr. CITY Lincoln, NE 68506
Suite 110

Steven Davison must sign here

St. J. O'Connell Member

SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Marci Ranae Davison
ADDRESS 7348 N. 19th st.
CITY Lincoln STATE NE ZIP CODE 68521
HOME PHONE NUMBER (402) 416-4692 BUSINESS PHONE NUMBER (402) 489-0005
SEX ☐ MALE ☒ FEMALE SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
DRIVERS LICENSE NUMBER & STATE _____

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
DRIVERS LICENSE NUMBER & STATE _____

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☐ YES ☒ NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☒ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

prints enclosed

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
Lincoln, NE	1999 Current		
Kearney, NE	1997 1999		

EMPLOYERS - LIST LAST TWO EMPLOYERS

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
3/06 3/07	Nebraska Diamond	Cheryl Kozicek	(402) 474-646
3/05 3/06	Pegler Sysco	Shawn Parris	(402) 423-1031

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SEP 05 2007


**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

NEBRASKA LIQUOR
CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

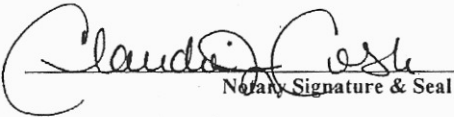
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

✓

Signature of Applicant

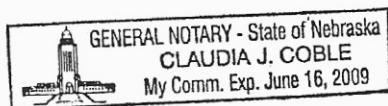
Subscribed in my presence and sworn to before me this 4th
day of September, 2007

Signature of Spouse

Subscribed in my presence and sworn to before me this _____
day of _____


Notary Signature & Seal

Notary Signature & Seal



Birth Certificate Submitted

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